

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

AMERICAN LEADERSHIP PROJECT

(b) Address (number and street) ☐ check if different than previously reported

2261 MARKET STREET PMB 319

(c) City, State and ZIP Code

SAN FRANCISCO

CA

94114

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000871

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 0 8

through

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

(b) Communication Title Every/Difference

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?

Yes ☐No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

Nancy L Warren

(b) Address (number and street)

2261 Market Street PMB 319

(c) City, State and ZIP Code

San Francisco

CA

94114

(d) Name of Employer or Principal Place of Business

Warren & Associates LLC

(e) Occupation

Accountant

9. Total Donations This Statement

145000.00

10. Total Disbursements/Obligations This Statement

228000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

nancy L Warren

SIGNATURE

DATE 04/17/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

| | | | |
|-----------|--|------------------------------------|--|
| A. | (a) Name Jason Kinney | Transaction ID : F91.000001 | |
| | (b) Address (number and street) 980 9th Street Suite 2000 | | |
| | (c) City, State and Zip Code Sacramento CA 95814 | | |
| | (d) Name of Employer or Principal Place of Business California Strategies LLC | (e) Occupation Consultant | |

| | | | |
|-----------|---|------------------------------------|--|
| B. | (a) Name Roger Salazar | Transaction ID : F91.000002 | |
| | (b) Address (number and street) 1005 12th Street Suite A | | |
| | (c) City, State and Zip Code Sacramento CA 95814 | | |
| | (d) Name of Employer or Principal Place of Business Acosta Salazar LLC | (e) Occupation Consultant | |

A. Full Name of Donor

Richard Ziman

Mailing Address of Donor
10940 Wilshire Boulevard

| City | State | Zip |
|-------------|-------|-------|
| Los Angeles | CA | 90024 |

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 6 | | 2 | 0 | 0 | 8 |

Amount

15000.00

Transaction ID : F92.000001

B. Full Name of Donor

Machinists Non-Partisan Political League

Mailing Address of Donor
9000 Machinist Place

| City | State | Zip |
|----------------|-------|-------|
| Upper Marlboro | MD | 20772 |

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 0 | 8 |

Amount

100000.00

Transaction ID : F92.000002

C. Full Name of Donor

Stephen P Kennedy

Mailing Address of Donor
233 Home Place

| City | State | Zip |
|------------------|-------|-------|
| Glenwood Springs | CO | 81601 |

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 4 | | 2 | 0 | 0 | 8 |

Amount

25000.00

Transaction ID : F92.000003

D. Full Name of Donor

Michael E Fox, Sr.

Mailing Address of Donor
14751 Quito Road

| City | State | Zip |
|----------|-------|-------|
| Saratoga | CA | 95070 |

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 6 | | 2 | 0 | 0 | 8 |

Amount

5000.00

Transaction ID : F92.000004

SUBTOTAL of Donations This Page (optional).....

145000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

145000.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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| | | | | | | | |
|---|--|--|--|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee Lisa Cabanel Consulting | | | | Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 8</div> </div> | | | |
| Mailing Address of Payee 1604 Fawn Lane | | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">228000.00</div> | | | |
| City Huntington Valley | | State PA | | Zip Code 19006 | | Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8</div> </div> | |
| Name of Employer | | | | Occupation | | | |
| Purpose of Disbursement (including title(s) of communication(s)) TV airtime - Every/Difference | | | | | | | |
| Name of Federal Candidate Hillary Clinton | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | State: PA District: _____ | | Disbursement/Obligation For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |
| F94.000002 | | Name of Federal Candidate Barack Obama | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | State: PA District: _____ | |
| F94.000003 | | Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |
| | | | | | | | |
| SUBTOTAL of Disbursement/Obligation This Page (optional) | | | | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">228000.00</div> | |
| TOTAL This Period (last page this line number only) (carry total from last page to line 10) | | | | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">228000.00</div> | |